





Darwin Initiative/Darwin Plus Projects Half Year Report

(due 31st October 2021)

Project reference	27-002
Project title	Healthy wetlands for the cranes and people of Rukiga, Uganda
Country(ies)/territor y(ies)	Uganda
Lead organisation	Margaret Pyke Trust (" MPT ")
Partner(s)	International Crane Foundation ("ICF");
	Rugarama Hospital (" RH "); and
	London School of Hygiene & Tropical Medicine (" LSHTM ").
Project leader	David Johnson
Report date and number (e.g. HYR1)	HYR1
Project website/blog/social media	Website: https://margaretpyke.org/environment/projects
	Twitter: @MargaretPyke @savingcranes @TheEWT @LSHTM
	Facebook: @MargaretPykeTrust @InternationalCraneFoundation @EndangeredWildlifeTrust @RugaramaHospital

1. Outline progress over the last 6 months (April – Sept) against the agreed project implementation timetable (if your project has started less than 6 months ago, please report on the period since start up to end September).

Output 1

- **Activity 1.2:** Community Conservation Agreements have been negotiated with each of the eight Community Conservation Groups (**CCG**), covering the conservation actions that would be implemented by each group, in addition to the livelihood support that would be provided to the groups' members (248 households).
- **Activity 1.4:** 244 CCG members received training on the livelihoods they selected (climbing beans and potatoes), including how to adequately space and care for seedlings, organic and inorganic fertiliser utilisation, pest management techniques, and harvesting and post-harvesting techniques.
- **Activity 1.6:** 22 cranes were monitored using the 'Survey 123', of those 19 were breeding pairs, with 10 chicks identified, however, the main breeding season is due to start in October, so we anticipate these numbers will increase in the second half of this year.
- **Activity 1.7:** The qualitative baseline data collection was undertaken, including 40 key informant interviews and 20 focus group discussions with community members. The findings have been used to improve project activity implementation. Project communities reported that they face a number of environmental challenges, including soil erosion, flooding, deforestation, encroachment of farming on wetlands, lack of trench digging, and climate change. In addition to a number of health challenges, including in adequate family planning services, a lack of trained family planning providers, malnutrition, alcoholism and domestic violence. The findings also highlighted that the community made the connection between their health and the health of their environment.

Output 2

- **Activity 2.2:** A total of 1,034 community members received training on soil and water conservation methods, agriculture practices, sustainable waste disposal methods, and family planning (790 people received family planning information, including on all available contraception methods, and 244 people received soil and water conservation methods including trenching on hillslopes).
- **Activity 2.4:** A communications plan has been developed to promote the time/dates of clinic openings and other environment and health messages to project site communities. The plan includes activities such as radio broadcasts, church announcements, posters, banners, awareness raising in schools, broadcasting recorded project messages at health clinics, community awareness raising talks given by community members (including by CCG members, Crane Custodians, and health mobilisers).
- Activity 2.5: See information above under activity 1.7.

Activity 2.6: 141 community members have received training in water clarity testing in the wetlands using a "water turbidity test". In addition, Napier grass planting materials have been distributed to farmers on terraces above the wetland to reduce soil erosion, which contributes to poor water clarity.

Output 3

- **Activity 3.2:** 49 health / conservation staff have received training on human and environmental health, including 13 trainers who now have the skills to lead community training in the coming six months.
- **Activity 3.3 and 3.4:** 790 were mobilised by Village Health Teams (peer educators) and radio broadcasts to attend outreach clinics for health services, and all 790 received training on the health and poverty alleviation benefits of improved reproductive health.
- **Activity 3.7:** Following training undertaken in March, the first London Measure of Unplanned Pregnancy surveys were piloted in four health centres, the results of which will be analysed with the upcoming November data collection in all ten-health centres.
- Activity 3.8: See information above under activity 1.7.

Output 4

- **Activities 4.1:** We presented our project at two events at the International Union for Conservation of Nature's (**IUCN**) World Conservation Congress.
- **Activity 4.2:** IUCN moved many of the World Conservation Congress plenary sessions online, due to COVID, therefore our planned plenary session "Removing Barriers to Family Planning Empowering Sustainable Conservation in the SDG era" was converted into a virtual poster, which referred to our project.
- **Activity 4.3:** We have briefed both UK and Ugandan journalists on our project, which resulted; a) our project featuring in <u>a Guardian article</u>; and b) our project featuring on <u>a local news broadcast</u> in southwest Uganda.
- 2a. Give details of any notable problems or unexpected developments/lessons learnt that the project has encountered over the last 6 months (for COVID-19 specific delays/problems, please use 2b). Explain what impact these could have on the project and whether the changes will affect the budget and timetable of project activities.

No notable problems.

An unexpected positive development includes the expansion of healthcare service provision to an additional six health centres, including four Government health centres. This was in response to data identified in the qualitative baseline data collection in March to June 2021, led by LSHTM. The impact on the project is that we are now training more healthcare workers, in addition to those identified in our application and our improved service provision model will better enable community members to access healthcare services. This will increase the impact of the project. There was no significant budget implications for this change, as the main outputs are training related.

2b. Please outline any specific issues which your project has encountered as a result of COVID-19. Where you have adapted your project activities in response to the pandemic, please briefly outline how you have done so here. Explain what residual impact there may be on your project and whether the changes will affect the budget and timetable of project activities.

The Ugandan Government implemented various levels of COVID restrictions on its citizens throughout the project period, which has impacted our planned project timetable and required us to adapt our project activities slightly. From 30th March to 22nd September 2021, there was a ban on gatherings and various social distancing protocols were imposed. However, between June and August, COVID restrictions were increased to include a ban on inter-district travel (except for healthcare providers who were granted special dispensation to continue travel for healthcare service provision). This directly impacted ICF's activities as its work involves travelling around the wetlands, across district lines. For example, the negotiation of the Agreements with CCGs (Activity 1.2) was planned to take place in June and July, so that livelihood provisions were distributed to CCGs before the start of the planting season in early August. However due to strict lockdown restrictions in place until 22nd August, this was delayed until late August, resulting in a shorter Agreement negotiation period than initially planned and some CCG members being unavailable for livelihoods training (Activity 1.4). However, those CCG members who were unable to attend livelihoods training have subsequently received cascade training from CCG leaders and will receive mentoring from ICF staff. This delay was anticipated at the start of this project year, so it did not result in major issues. It has not had an impact on budget as it was able to be undertaken within the planned project quarter.

2c. Have any of these issues been discussed with LTS International and if so, have changes

Discussed with LTS:	No		
Formal change request submitted:	No		
Received confirmation of change acceptance	No		
3a. Do you currently expect to have any significant (e.g. more than £5,000) underspend in your budget for this year?			
Yes No x Estimated underspend:	£		
3b. If yes, then you need to consider your project budget needs carefully. Please remember that any funds agreed for this financial year are only available to the project in this financial year.			
If you anticipate a significant underspend because of justifiable changes within the project, please submit a rebudget Change Request as soon as possible. There is no guarantee that Defra will agree a rebudget so please ensure you have enough time to make appropriate changes if necessary. Please DO NOT send these in the same email as your report.			
4. Are there any other issues you wish to raise relating to the project or to Darwin's management, monitoring, or financial procedures?			
No			

If you were asked to provide a response to this year's annual report review with your next half year report, please attach your response to this document.

Please note: Any <u>planned</u> modifications to your project schedule/workplan can be discussed in this report but should also be raised with LTS International through a Change Request. <u>Please DO NOT send these in the same email.</u>

Please send your **completed report by email** to <u>Darwin-Projects@ltsi.co.uk</u>. The report should be between 2-3 pages maximum. <u>Please state your project reference number in the header of your email message e.g. Subject: **25-001 Darwin Half Year Report**</u>

been made to the original agreement?